

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**

SERIAL NO.  
**10628769**  
APPLICANT(S)

FILING DATE  
**07-28-03**

CLAIMS						
AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT		
IND	DEP	IND	DEP	IND	DEP	
1	1					51
2		1				52
3		1				53
4		1				54
5		1				55
6		1				56
7	1					57
8		1				58
9		1				59
10		1				60
11	1					61
12	1					62
13		1				63
14	1					64
15		1				65
16		1				66
17		1				67
18		1				68
19	1					69
20		1				70
21		1				71
22		1				72
23		1				73
24	1					74
25	1					75
26	1					76
27		1				77
28		1				78
29		1				79
30	1					80
31		1				81
32		1				82
33		1				83
34		1				84
35		1				85
36		1				86
37		1				87
38	1					88
39		1				89
40		1				90
41		1				91
42		1				92
43		1				93
44		1				94
45		1				95
46		1				96
47		1				97
48		1				98
49		1				99
50		1				100
TOTAL IND.	11					TOTAL IND.
TOTAL DEP.	31					TOTAL DEP.
TOTAL CLAIMS	42					TOTAL CLAIMS